Motor Vehicle Dealer License Renewal Application

For Year July 1, 2007 through June 30, 2008

Licenses not renewed by September 15th are automatically canceled.



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Time Sensitive

The renewal application and the required renewal fee must be completed and submitted to the Department on or before July 1, 2007. Renewal applications not timely submitted are subject to the following:

A.R.S. Section 44-282.C. states in part, "License fees shall be due and payable on or before each **July 1**. A penalty of twenty-five dollars per day shall be assessed against any licensee for each day after **July 1** that his renewal application and fee are not received by the department. Licenses not renewed by **September 15** are automatically cancelled."

We require a current (May 1, 2007 or after) "Certificate of Good Standing" from the Arizona Corporation Commission with your renewal, if the license is subject to the Arizona Business Corporation Act regulated by the Arizona Corporation Commission (ACC). If you are licensed with our Department as a sole proprietor or partnership this does not apply to you. Contact the ACC Corporate Records Section at 602-542-3026 or go to their website @ www.cc.state.az.us to find out how to get this certificate online. Pull up your company name on their website and click on the "Check Corporate Status". Follow their instructions for downloading the Certificate.

The license renewal fee of \$150 must accompany the renewal application.

Make payable to: Arizona Department of Financial Institutions or AZDFI

Mail to: Arizona Department of Financial Institutions

2910 N. 44th Street, Suite 310

Phoenix, AZ 85018

To complete this application:
Type or Print All Information

<u>Do Not Leave Blanks</u> – If Not Applicable Use None or N/A

Make Additional Copies Of Any Page
Or Attach A Separate Sheet If Addition Space Is Necessary

If the licensee is no longer engaging in the business, please return the license(s) for cancellation.

If the licensee's name and/or address has changed, complete the Address and/or Name Change Application and submit these changes with your renewal. This form is located at http://www.azdfi.gov/Licensing/Forms/Non-Mortgage_Add_Name_Chg_Application.pdf

If there has been a change of ownership, a new license application may be required and the current license surrendered to this Department.

Control / Ownership Change:

Note: A license is not transferable or assignable and control of a licensee may not be acquired through a stock purchase or any other device without the prior written consent of the superintendent.

- 1. Letter of explanation, providing complete details (the structure of this change may require a new license).
- 2. Copy of signed purchase agreement.
- 3. Copy of stock certificates & stock ledger.
- 4. Need copy of either the amended articles or new articles and a Flow Chart showing new ownership.
- 5. Percentage change in ownership. Provide "Minutes or Corporate Resolution" substantiating change in ownership percentages.

2910 North 44 th Street, Suite 310	Form:	MVD-REN-001
Phoenix, AZ 85018	Revised	05/12/2007



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1. Primary Address:				
Company Name:				License #: MVD-
Doing Business As:				
Address Line 1:				
Address Line 2:				
City:			State:	Zip Code:
Telephone Number:	FAX Number:		Tax ID Number:	
2. Person completing this Renewa	l:			
Name:				
Telephone Number:		FAX Number:		
3. Mailing Address, if different from	n above:			
Address Line 2:				
City:			State:	Zip Code:
4. Corporate Name and Address, if	applicable:			
Address Line 1:				
Address Line 2:			,	
City:			State:	Zip Code:
Telephone Number:		FAX Number:		
Do you hold any of the retail installment contracts you originate? IF YES, state the aggregate amount outstanding for the last six 5. Yes No		onths:		
Do you purchase and hold retail installment contracts originated by others?		IF YES, state the aggregate amount outstanding for the last six months:		
6. Yes No Does your retail sales contract comply with all provisions of A.R.		le Time Sales Disclosure Act?		
7. Yes No	0	LEVEO assistanta lisassa assa	the second	
Do you also have a Sales Finance license? 8. Yes No	0	IF YES, provide the license number: SF-		
 Current Ownership. If applicant owned by individuals, provide the separate sheet. 				
Name		Title		% Owner
			nahin Massacata 4000	,
		Owne	rship Must total 100%	%

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City:

Motor Vehicle Dealer License Renewal Application For Year July 1, 2007 through June 30, 2008



Zip Code:

State:

Licenses not renewe	ed by September 15 th are automa	tically cancelea	<u>!. </u>	Page 3 of 4
10. Control. List all persons who have the			ng shares of t	he licensed
corporation, partnership, association	or trust. List additional names on a	separate sheet.		
Name	Title	% of c	outstanding v	oting shares
				_
44 Since the license was issued (07/0)	1/06 to 06/20/07) or since the lest re	nowel (6/20/06)	haa tha liaan	oo or only
11. Since the license was issued (07/0				
owner, officer, director, member, AM		wer "Yes" to an	y or these qu	lestions you
must attach the appropriate paperv		ion)		T
a. been convicted of a criminal offense other than minor	traffic violations?			☐ Yes ☐ No
b. been sued in a civil action?				Yes No
c. had a final judgment issued against him/her?				Yes No
d. filed bankruptcy?				Yes No
 had an order entered against him/her been indicted, government or any other state or territory of the Unite 		istrative agency of this s	state, the Federal	☐ Yes ☐ No
•				☐ Tes ☐ No
12. List all names, locations and licens	se numbers of branches:			
Branch Name:			License #:	
a.			MVDBR-	
Address Line 1:				
Address Line 2:				
		ľ		
City:		State:	Zip Cod	le:
Branch Name:			License #:	
b.			MVDBR-	
Address Line 1:				
Address Line 2:				
Addless Lille 2.				
City:		State:	Zip Cod	le:
• •			,	
Branch Name:		L	License #	
C.			MVDBR-	
Address Line 1:				
Address Line 2:				
City:		State:	Zip Cod	le:
			_	
Branch Name:			License #:	
d.			MVDBR-	
Address Line 1:				
All II O				
Address Line 2:				
City:		State:	Zip Cod	le.
Jity.		Giale.	Zip Coo	
Branch Namo:			Liconco #:	
Branch Name:			License #:	
e			MVDBR-	
e.				
Address Line 1:			l	

List additional branches on a separate sheet.

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Affidavit must be signed by owner or principal officer on file.

STATE OF		
(COUNTY OF) ss	S	
I (print your name)		being duly sworn, depose and say
that I have signed the foregoing applicati	on as (print your title)	of the above named
applicant, having full authority to sign su	ich application in said c	apacity; that I have read said application and
that the information contained therein is	true.	
		<u> </u>
(Date)		(Licensee Signature)
Subscribed and sworn to before me this _	day of	20
		(Notary Public Signature)
My Commission Expires		